



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicants:

Donna L. Robinson

Docket No.: S-100,543

Serial No.:

10/656,358

Examiner: B. J. Forman

Filed

September 04, 2003

Art Unit:

1634

For

IMPROVED METHODS FOR SEQUENCING GC-RICH AND

CCT REPEAT DNA TEMPLATES

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted with this mailing are the following documents for submission in the above-identified patent application:

1. Fee Transmittal;

2. Amendment

3. Declaration of Donna L. Robinson

Respectfully submitted,

Date:

Reg. No. 35,355

Phone: (505) 667-0304

Kenneth K. Sharples

Los Alamos National Laboratory,

LC/IP, MS A187

Los Alamos, NM 87545



TRANSMITTAL

For FY 2006

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$60.00

Complete if Known				
Application Number:	10/656,358			
Filing Date:	9/4/2003			
First Named Inventor:	Donna L. Robinson	_		
Examiner Name:	B. J. Forman			
Group/Art Unit:	1634			
Attorney Docket No.:	S-100,543			

METHOD OF PAYMENT (check all that apply)

1.

The commissioner is hereby authorized to charge indicated fees and credit any over payments to: 12-2150 Deposit Account Number: Deposit Account Name: Los Alamos National Laboratory

37 C.F.R. 1.16 and 1.17

FEE CALCULATION

1. COMBINED FILING FEE

Large Entity Small Entity

Fee		F	ee	Fee Description	Fee Paid
1001	\$300	2001	\$150	Basic Filing fee	\$0.00
1004	\$300	2004	\$150	Reissue Filing fee	\$
1111	\$500	2111	\$250	Search Fee	\$0.00
1311	\$200	2311	\$100	Examination Fee	\$0.00
1005	\$200	2005	\$100	Provisional Filing F	ee
1085	\$250	2085	\$125	Provisional Size F	ee
(for	each a	additio	onal 50	sheets that exceeds 100	sheets)

SUBTOTAL (1) \$00.00

= \$

EXTRA CLAIM FEES/APPLICATION SIZE FEE

Fee from Fee Paid Extra Claims Below

-20** = **Total Claims** \$ Independent Claims

** or number previously paid, if greater; For Reissues, see below

X 180

Small Large Entity Entity

Multiple Dependent

Fee Description Fee Fee

1202 \$50 2202 \$25 Claims in excess of 20 Independent claims in excess of 3 1201 \$200 2201 \$100 1203 \$360 2203 \$180 Multiple dependent claim, if not paid.

1204 \$200 2204 \$100 Reissue independent claims in excess of 3 over original patent Reissue claims in excess of 20

1205 \$50 2205 \$25

over original patent Total Claims Fee \$_

APPLICATION SIZE FEE

1081 \$250 2081 \$125.00 For each additional 50 sheets

that exceed 100 sheets. including specification and drawings

SUBTOTAL (2) \$_

(Include total of Claims Fees and Size Fee here)

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Large Small **Entity Entity** Fee Fee Fee Fee

Code (\$) Code (\$)

Fee Description

FEE CALCULATION (continued)

Fee Paid

1051 \$130 2051 \$65 Surcharge - late filing fee or oath

Surcharge - late provisional filing fee or cover sheet 1052 \$50 2052 \$25

For filing a request for reexamination 1812 \$25201812 \$2520

\$60.00 1251 \$120 2251 \$60 Extension for reply within first month

1252 \$450 2252 \$225 Extension for reply within second month

1253 \$1020 2253 \$510 Extension for reply within third month 1254 \$1590 2254 \$795 Extension for reply within fourth month

1255 \$2160 2255 \$1080 Extension for reply within fifth month

1401 \$500 2401 \$250 Notice of Appeal

Filing a brief in support of an appeal 1402 \$500 2402 \$250

1403 \$1000 2403 \$500 Request for oral hearing

Petition to revive - unavoidable 1452 \$500 2452 \$250

Terminal Disclaimer 1814 \$110 2814 \$55

Petition to revive - unintentional 1453 \$1500 2453 \$750

Petitions to the Director 1460 \$130 1460 \$130

Submission of Information Disclosure Statement 1806 \$180 1806 \$180

1809 \$790 2809 \$395 Filing a submission after final rejection

(37 ČFR 1.129 (a))

1810 \$790 2810 \$395 For each additional invention to be examined (37 CFR 1.129(b))

Certificate of Correction 1811 \$100 1811 \$100

1504 \$300 1504 \$300 Publication fee for early, voluntary,

or normal publication/Republication fee

Request for Continued Examination (RCE) 1801 \$790 2801 \$395

Other fee (specify)

SUBTOTAL (3)

Reduced by Basic Filing Fee Paid

SUBTOTAL FROM 1 \$-0-\$-0-**SUBTOTAL FROM 2** \$60.00 **SUBTOTAL FROM 3**

TOTAL AMOUNT OF PAYMENT

\$60.00

(Enter total amount at top of page)

	SUBMITTED BY	Complete (if applicable)		
Printed Name:	Samuel L. Borkowsky		Reg. No.	42,346
Signature:	Samuel 4. Boxcowsh	Date: 9/12/06	Telephone	(505) 665-3111

09/14/2006 RFEKADU1 00000077 122150 10656358